PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT 2004-2005

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 15 PM 2:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P03000039357

1. Corporation Name

62 A.L.M. CORP

500061446415
11/15/05--01031--021 **300.00

CR2E031 (8/05)

(2) Principal Office Address	3. Mailing Office Address
423 SAXONY I	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
DELRAY BEACH	
Zip / Country	Zip / Country
FL / PALM BEACH	33446 / U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida 4 8 03

(5) FEI Number 01-0848130 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

(7) Name and Address of Current Registered Agent

Name: ARTHUR J HART

Street Address (P.O. Box Number is Not Acceptable): 423 SAXONY I

Suite, Apt. #, Etc.:

City: DELRAY BEACH | State: FL | Zip Code: 33446

(8) I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Arthur J Hart — REGISTERED AGENT MUST SIGN — Date: 11/14/05

(9) Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ARTHUR J HART	423 SAXONY I	DELRAY BEACH FL 33446

(10) I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Arthur J Hart — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 11/14/05 — Daytime Phone #

11-14-05

I Arthur J Hart did not receive the proper notice because of moving. Please waiver $600.00 re in statement fees. I spoke to Karon Beyer who said she would help me with this matter. I am leaving for vacation on Friday November 18th and would appreciate it if this matter can be taken care of before then. I am sending a $300.00 check. Please contact me on my cellphone. My number is 561-317-4502

Thank You
Sincerely
Arthur J Hart

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